

**Kentucky Secretary of State**  
**TREY GRAYSON**

Division of Corporations  
BUSINESS FILINGS

P.O. Box 718  
Frankfort, KY 40602  
(502) 564-2848

<http://www.sos.ky.gov/>

Amendment to Statement of Qualification

**SQA**

1. The name of the limited liability partnership (name must match the name on record with the Secretary of State):

2. The statement of qualification is amended as follows:

3. The future effective date of the amendment, if not effective upon filing:

\_\_\_\_\_ (Day/Month/Year)

We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Executed by two partners: \_\_\_\_\_  
(Day/Month/Year)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Type or Print Name)

\_\_\_\_\_  
(Type or Print Name)

**Instructions:**

Submit this form with one (1) exact or conformed copy.

The filing fee is \$40.00.

Please make check payable to the "Kentucky State Treasurer."

All information must be completed or this document will not be accepted for filing.

**SQA (07/2006)**